



**ADS**CENTER

Resource Center to Address  
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Substance Abuse and Mental Health  
Services Administration  
Center for Mental Health Services

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## ***Mental Health News You Can Use...***

### ***December 2005***

This is the eleventh installment of the electronic update from SAMHSA's Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center), a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services\*. We invite you to share this information with your friends and colleagues who share your interest in confronting stigma and discrimination associated with mental illness; and to post this information in your own newsletters or listservs. Visit the ADS Center on the web at <http://www.stopstigma.samhsa.gov>.

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*\*The contents of this informational update do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

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## **December 2005 Spotlight**

### **SAMHSA/CMHS Interactive Webcast — Peer Support: Disaster Preparation for People with Psychiatric Disabilities**

This webcast, conducted live on December 15, 2005, focused on using self direction/peer support in planning for and reacting to disasters. Participants learned from those that have lived through such disasters and what can be done and how self direction/peer support can be utilized. Also resources were shared pertaining to disaster preparation for people with psychiatric disabilities. Please click [here](#) for more information about the webcast.

View an archived recording of this event at <http://www.connectlive.com/events/samhsa/>. Materials from three previous webcasts on self-direction also are available for download. The materials include speaker PowerPoints, resource links and discussion questions. Use the webcast and materials to help in your discussions of transforming our mental health systems to embrace self direction.

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### **SAMHSA/CMHS Hurricane Mental Health Awareness Campaign**

On December 7, 2005, the U.S. Department of Health and Human Services (HHS) launched a national public service announcement (PSA) campaign to encourage adults and first responders who may be experiencing emotional distress following the recent hurricanes to seek mental health services.

Research on the mental health consequences of major floods and hurricanes suggests that the psychological impact of these disasters could be widespread, serious, and long-lasting. Experts estimate the numbers affected by the recent events to be substantial. The holidays may be especially difficult for hurricane victims, as the personal losses of community and loved ones become more real.

HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) is leading the PSA campaign in partnership with the Ad Council. As a complement to the campaign, SAMHSA's Center for Mental Health Services (CMHS) created a Hurricane Mental Health Awareness Campaign Web site <http://www.mentalhealth.samhsa.gov/disasterrelief/> where visitors can view the PSAs and obtain disaster-related resources that include:

- Brochures and fact sheets to help parents, families, educators, and other caregivers care for their own and their children's mental health during a disaster.
- Guidelines for first responders and relief workers.
- Best practices, reports, and policy guidelines for program planners.
- Links to State and local disaster relief agencies and referrals.
- A 24-hour service hotline.
- Other mental health and substance abuse facility locator services.

Some resources also have Spanish translations.

SAMHSA/CMHS National Mental Health Information Center's call center (1-800-789-2647; 866-889-2647-TDD) is offering extended service hours to accommodate consumer need at this time. Assistance and bilingual information services are now available Monday through Friday, 8:30 a.m. to 12 a.m., EST.

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## Featured Research Articles

**Norris, F.H., & M. Alegria (2005). "Mental health care for ethnic minority individuals and communities in the aftermath of disasters and mass violence." *CNS Spectrums*, 10(2): 132-140. [\[Free Text Article\]](#)**

Aspects of providing mental health services in the wake of a natural disaster reduce barriers to treatment associated with ethnicity. Drawing on a body of research on psychological responses to traumatic events and the effect of ethnicity on mental health treatment, the authors of this review article cast light on opportunities for destigmatizing mental illness and improving community ownership of the process of mental health recovery. They argue that while stigma and mistrust of service providers offer major impediments to help seeking and help receiving within minority ethnic groups, circumstances of mass trauma may provide opportunities to invest entire communities in the process of "de-emphasizing" the mental pathology normalizing the expression of distress. In the aftermath of a mass disruption of social relationships support, practitioners are urged to "get out of the clinic into the community" and "embrace novel approaches to meeting community needs."

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## Additional Research

Boscarino, J.A., R.E. Adams, J. Stuber, & S. Galea (2005). "Disparities in mental health treatment following the World Trade Center disaster: Implications for mental health care and health services research." *Journal of Trauma and Stress*, 18(4): 287-297. [\[NLM/Pubmed Abstract\]](#)

Galea, S., et al. (2003). "Trends of probable post-traumatic stress disorder in New York City after the September 11 terrorist attacks." *American Journal of Epidemiology*, 158(6): 514-524. [\[NLM/Pubmed Abstract\]](#)

Gega, L., I. Marks & D. Mataix-Cols (2004). "Computer-aided CBT self-help for anxiety and depressive disorders: experience of a London clinic and future directions." *Journal of Clinical Psychology*, 60(2): 147-157. [\[NLM/Pubmed Abstract\]](#)

Hayman, F. (2005). "Helping carers care: An education programme for rural carers of people with a mental illness." *Australasian Psychiatry*, 13(2): 149-153. [\[NLM/PubMed Abstract\]](#)

Kokai, M., S. Fujii, N. Shinfuku, & G. Edwards (2005). "Natural disaster and mental health in Asia." *Psychiatry & Clinical Neuroscience*, 58(2): 110-106. [\[NLM/Pubmed Abstract\]](#)

Levant, R.F. (2005). "Serious mental illness, recovery and psychology [Editorial]." *APA Monitor on Psychology*, 36(9): 5. [\[Free Text Article\]](#)

Ritsher, J.B., & J.C. Phelan (2004). "Internalized stigma predicts erosion of morale among psychiatric outpatients." *Psychiatry Research*, 129(3): 257-265. [\[NLM/Pubmed Abstract\]](#)

Stuber, J.P., & S. Galea (2005). "Barriers to mental health treatment after disasters [Letter to editor]." *Psychiatric Services*, 56: 1157-1158. [\[Free Text Article\]](#)

van Ommeren, M., S. Saxena & B. Saraceno (2005). "Mental and social health during and after acute emergencies: emerging consensus?" *Bulletin of the World Health Organization*, 83(1): 71-75. [\[Free Text Article\]](#)

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## **Models, Programs, and TA Tools**

### **Project Liberty New York State Office of Mental Health**

Following the terrorist attack on the World Trade Center on September 11, 2001, the New York State Office of Mental Health initiated Project Liberty, a program designed to provide post-disaster support services to New York City residents and the residents of 10 neighboring New York State counties. Five core values—hope, respect, safety, excellence and recovery—drove the administration of the program in its search for ways to help people understand the event, handle their reactions, discover options for coping with trauma, and connect with assistance services and resources. Initially, the project focused itself on providing immediate crisis counseling services.

As Project Liberty grew, its activities took other forms, including face-to-face outreach and education services. Delivered with the support and assistance of local governments, these services addressed widespread psychological distress through a community-based model for the delivery of disaster mental health services. Included in this model were provisions for maintaining local self-help/peer support groups in the absence of professional providers; the establishment of call centers known as "warm lines" for residents coping with everyday stress in addition to the stresses of recovery; the organization of community events, including blood drives, food pantries and emergency shelters; and the coordination of local volunteers for various relief efforts that required both skilled and unskilled labor.

On December 31, 2003, most initiatives associated with Project Liberty were discontinued by the State government. Taking stock of project outcomes, officials now estimate that over 1 million residents and more than 100 mental health providers and community service organizations contributed to or requested assistance from the project's many programs. Today, limited Project Liberty services continue for New York City's schoolchildren and emergency response personnel.

For more information, educational materials and a complete history of Project Liberty, see the project's web site located at <http://www.projectliberty.state.ny.us/>.

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### **Additional Resources**

#### ***After a Disaster: Self-care Tips for Dealing with Stress***

This fact sheet helps people recognize stresses that inevitably occur following a disaster event. It stresses the importance of acknowledging feelings, accepting help and building community in order to promote healing. [\[Free full text document\]](#)

#### ***Consumer-directed Transformation to a Recovery-based Health System***

This paper provides an outline of how consumers/survivors can catalyze a transformation of the mental health system from one based on an institutional culture of control and exclusion to one

based on a recovery culture of self-determination and community participation. At the national policy level, this paper recommends that consumers develop and implement a National Recovery Initiative. At the State and local policy levels, State and local recovery initiatives are recommended. On the direct service level, the paper provides a road map for developing services, financing, and supports that are based on self-determination and recovery. [[Free full text document](#)]

### ***Dealing with the Effects of Trauma: A Self-help Guide***

This booklet contains information, ideas, and strategies that people from all over the country have found to be helpful in relieving and preventing troubling feelings and symptoms. The information in this booklet can be used safely along with your other health care treatment. [[Free full text document](#)]

### ***NAMI Hurricane Katrina Resource Guide (4th edition)***

Developed as a repertory of resources for State organization, local NAMI affiliates, consumers, family members and citizens to draw on in the aftermath of Hurricane Katrina, this guide contains general information about mental health and disaster relief, as well as chapters of material devoted to the specific concerns of people with mental illnesses, including crisis services, housing, food and shelter and medical needs. [[Free full text document](#)]

### ***National Empowerment Center, Inc.***

The National Empowerment Center, an organization that supports recovery and the healing process for people labeled with a mental illness, provides a list of mental health resources for and recent news about life in the aftermath of hurricanes Katrina and Rita. [[View the web site](#)]

### ***National Mental Health Consumers' Self-help Clearinghouse***

The National Mental Health Consumers' Self-help Clearinghouse provides technical assistance to mental health consumers and advocates working to improve dignity, respect and opportunities for people with mental illnesses. In the wake of hurricanes Katrina and Rita, the Clearinghouse has provided a list of resources for survivors. [[View the web site](#)]

### ***SAMHSA's Center for Mental Health Services: Mental Health All-hazards Disaster Planning Guidance***

SAMHSA's Center for Mental Health Services (CMHS) recently contracted with the National Association for State Mental Health Program Directors (NASMHPD) to create a new resource manual for State and local mental health and substance abuse authorities: Mental Health All-Hazards Disaster Planning Guidance. This planning guide is available free of charge. [[Review & ordering information](#)]

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## ***In My Experience...***

**Operation Hurricane Katrina  
by Patrick Hendry  
Florida Department of Children & Families'  
Substance Abuse and Mental Health Program Office**

After several days at a recreational vehicle park in Tallahassee waiting for Hurricane Rita to

rumble through the Gulfcoast, we finally arrived in Waveland, Mississippi at around noon on Saturday, September 24. Despite some additional flooding from Rita's eastern bands, Waveland didn't look too bad as we drove in on State Road 603. The Federal Emergency Management Agency (FEMA) staging area at the K Mart shopping center on the corner of 603 and U.S. 90 showed some signs of the 145 mph winds that Katrina brought but it certainly didn't look as bad as I had imagined. Then I found out that everywhere I looked, every building and car, had been under water when the 21+ foot storm surge pushed by those winds intruded miles and miles inland from the gulf beaches. The entire K Mart and surrounding buildings had been completely under water.

A fellow Peer Crisis Counselor, Sue Latrelle and I, had come from Florida to assist a local community mental health agency, Gulfcoast Mental Health Centers Inc., locate the individuals they served and to provide peer support and crisis counseling for them and for folks having a difficult time in coping with the trauma and losses resulting from the disaster. Our experiences last year with Hurricanes Charley and Frances in our home towns of Punta Gorda and Port Charlotte had given us some new insights into helping out in the aftermath. In those first weeks following the storms we realized how important it was for people with psychiatric disorders, who were sitting alone, in the dark and heat, to have a safe, friendly place to go where they could talk, be listened to and relax. Consequently, we had brought a 22-foot RV to use as a mobile drop-in-center, a place with electricity, air-conditioning and television, a haven from the overwhelming realities of day to day life in the post Katrina world. The power of compassionate peer support in mental health care is well known and significant.

As we explored more, we realized that the devastation was overwhelming. Waveland Beach and Bay St. Louise were laid bare by the force of the massive surge. Entire homes were swept away, leaving only empty foundations and trees stripped of all foliage. Hundreds, even thousands of cars were strewn about like so many toys, boats were perched on trees and fence post. On several occasions we saw large boats, a tug and some sailboats, sitting serenely in the woods, as if they had been moored there by their skippers. On Highway 90 we passed by a Burger King restaurant with a small pleasure boat pulled up to the carryout window. On a small creek, 15 miles from the Gulf we spotted a picnic table in a tree, 10 to 12 feet above the water.

For the next nine days we worked in shelters, food distribution points, financial assistance and food stamp lines, and temporary medical centers, listening, talking and calming. Mostly listening. Despite the fact it was four weeks after Katrina struck, many people were still dealing with the basic problems of where to go for shelter and food. Many were still, desperately, looking for their families and love ones, who were often scattered across the state and, even, the country. Frustration levels were high and many folks were beginning to show early signs of Post Traumatic Stress Disorder, (i.e. distressing dreams, difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating hypervigilance, and exaggerated startle response). As these people were identified we listened to their stories and referred them to the licensed mental health counselors at gulfcoast mental health centers. In Pearlinton, a small town west of Waveland, we talked with many people who spent hours holding on to trees and roof tops. Several had to swim in the midst of the storm to save their lives.

Our primary goal was to locate individuals with severe and persistent mental illness and to assist them in linking to services, provide them with peer counseling and some degree of respite from their situations. On one occasion we assisted in finding a funding source to help pay for a person's psychotropic medications; on others we helped connect people to long term services. In several cases we met people who had lost or run out of their medications and could not remember what or how much they were taking and sometimes, even, who their caregivers were. Many of the individuals with severe mental illness we encountered seemed less traumatized by the disaster itself and more effected by the disruption of services and supports.

In fact, the people with psychiatric disorders almost seemed better emotionally equipped to deal with the experience, perhaps due to some way of filtering out the outside environment or increased familiarity with catastrophic events occurring in their lives.

The number of stories we heard was a varied as the number of people telling them. One man, a

sailboat captain, told of swimming to catch up with his boat, which was drifting away. As he swam he said that tow Nutria, small aquatic rodents, climbed on his back to rest. He told us that he swam to a tree where his hitchhikers climbed above the water to ride out the storm. Another man said that as he was struggling to swim to a distant tree, a pig swam up to him and oinked twice. He grabbed hold of the pig's tail and was towed to safety. Others found boats drifting by and used them to rescue their neighbors. Several people in Pearlington were taken by boat to a local church that weathered the storm. When the waters subsided, two boats were wedged in the entranceway. A mental health counselor told of finding two loved ones who had drowned in their house with their arms wrapped around each other. Anguish and suffering, elation and relief were to found at every line, shelter and meeting place. Above all, we found undeniable strength and resiliency. People supported each other at every turn and they remained steadfast in their efforts to survive.

We were the first mental health peer counseling team to go to the Mississippi coast, but we are certainly not the last. There is a national effort underway to provide trained peer crisis counselors in the aftermath of disasters. Consumers Organized for Recovery after Katrina (CORK) is working with consumer organizations in the effected states and the National Empowerment Center (NEC) to fund and train teams to assist in the important recovery efforts that will be ongoing for years to come. More information on these efforts can be found at the N.E.C. website, [www.power2u.org](http://www.power2u.org).

*Patrick Hendry is currently the Coordinator of Advocacy Services and Consumer Affairs for the Florida Department of Children & Families' Substance Abuse and Mental Health program office in District 8.*

*After many years as a documentary filmmaker and later as a precious stone dealer, Patrick traveled and lived in countries around the world. In 1991 he was diagnosed with Bipolar Disorder. Within a short time his mother, brother and oldest son were also diagnosed. This was the impetus for a major career and life change.*

*In 1992 he co-founded the Mindmenders Foundation, an organization run by persons with mental illnesses that contracted with the State of Florida to run two drop-in-centers and teach Peer Counseling. Patrick is a founding member and the First Vice President of the Florida Peer Network, and independent organization of and for people who are recovering from a psychiatric disability.*

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## Additional Experiences

Campbell, B.M. (2005, November 18). "Stigma can prevent much-needed mental help [Commentary]." *Morning Edition* [Radio broadcast]. Washington, DC: National Public Radio. [\[Audio file\]](#)

Spigel, A. (2005, November 18). "Race and mental health in Katrina's aftermath." *Morning Edition* [Radio broadcast]. Washington, DC: National Public Radio. [\[Audio file\]](#)

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## About the ADS Center

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and

governments counter such discrimination and stigma in the community, in the workplace, and in the media.

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